

Project Proposal

Organization	ACTD (Afghanistan Center for Training and Development)				
Project Title	Provision of Nutrition services to highly vulnerable communities in priority districts of Helmand province				
Fund Code	AFG-14/SA2/N/NGO/284				
Primary Cluster	NUTRITION	Secondary Cluster	None		
Allocation Type	2nd Round of Standard Allocation / Call for Proposals		Allocation Category Type	Field activities	
Project Budget	439,856.70		Project Duration	12 months	
Planned Start Date	01/12/2014		Planned End Date	30/11/2015	
OPS Details	OPS Code		OPS Budget	0.00	
	OPS Project Ranking		OPS Gender Marker		
Project Beneficiaries		Men	Women	Boys	Girls
	Beneficiary Summary	600	2000	7000	7000
	Total beneficiaries include the following:				
	Other	600	233	0	0
Indirect Beneficiaries	It is expected that a total of 5% of the total population of the eight districts will also benefit from the services beside the direct beneficiaries of the affected villages. Thus, the total number of indirect beneficiaries will be around 25,000 (mostly women and PLW).		Catchment Population		
Implementing Partners			Other funding Secured For the Same Project (to date)	Source	US\$
				CHF-1 (Salary first six months management staff)	32,340.00
					32,340.00
Organization primary focal point contact details	Name: Sameuddin Sidiq Title: Health Program Manager Telephone: 0772076908 E-mail: health.pm.actd@gmail.com				
Organization secondary focal point contact details	Name	Title	Phone	Email	
	Shah Maqsood Sahebzada	Health Director	077 91 95 484	dhealth.actd@gmail.com	
BACKGROUND INFORMATION					
1. Project rationale. Humanitarian context: Give a specific description of the humanitarian situation in the target region based on newest data available (indicate source) (Maximum of 1500 characters)	Owing to active fighting and increased insurgency, the security and humanitarian situation of most districts of Helmand has deteriorated dramatically in the last few months. Health and nutrition needs of the people have reached to critical level due to the inability of people to move freely and the limited scope of BPHS services to reach health services to the doorstep of communities. Women and children are by default the highly vulnerable groups in Helmand and other conservative areas. Armed opposition groups (AOGs) have intensified their efforts which have resulted in closure of roads, increase in food and other commodity prices and increase in need for essential preventive and curative health and nutrition services. People either choose to stay in their villages, or seek shelter with their relatives in neighboring areas. Thus, no clearly demarcated IDP settlements are available for targeted service provision. The capacity of existing stationary health facilities is overwhelmed as the patient load has increased and as the available BPHS staff (which is hardly enough for routine health services) cannot handle specific nutrition services need of the people. The recent data from the field show that People from Nawzad districts has moved to Grishk (Nahr-e Saraj district), from Kajaki to Dasht area which is located between Sangeen and Kajaki, and from Musa Kala city to the surrounding villages. The prevailing socio-economic situation such as poverty (income mostly dependent on poppy cultivation which has also been affected by the active fight), low awareness regarding health and nutrition, early marriages, early and multiple pregnancies and the low social status of women have further complicated the health and nutrition situation of women and children in the province. The proposed project will address the essential emergency nutrition needs of areas which have not been covered under CHF 1st round.				
2. Needs assessment. Describe the capacities in place, then identify the gaps (previous and new). Explain the specific needs of your target group(s) in detail. State how the needs assessment was conducted (who consulted whom, how and when?). List any baseline data	The target groups – children and PLW – are in dire need of nutrition (and health) services owing to their vulnerable situation and the consequences of the recent fighting. The specific needs of children and women in relation to nutrition consist of prevention of malnutrition, treatment of malnutrition in children and nutritional deficiency in women, availability of inpatient services within a convenient distance, and provision of required nutrition services through the community health workers (CHWs) and the existing and planned Family Health Action Groups (FHAGs). Although nutrition is an integral component of the BPHS, there are various factors which limit the capacity of BPHS health facilities to respond to the increased demand of children and women for nutrition services. These range from unavailability of dedicated nutrition workers at the lower level of health facilities, unavailability of inpatient (IPD) services for Severe Acute Malnutrition (SAM) at the Comprehensive Health Center (CHC) level, and the chronic shortage of staff owing to low salary scale envisaged in the National Salary Policy (NSP). Coupled with low demand and low utilization of nutrition services by people originating from the low awareness and the relatively low social status of women in the family, nutrition (and health) services have assumed critical importance in the fight-affected districts of Helmand. The needs are identified through the daily data collection of health facilities run by ACTD in Helmand, the supervisory visits of the ACTD main office and ACTD project office supervisors and the findings and observation of the provincial public health directorate. Although no accurate and specific figures are available on the number of people who sought shelter with their relatives, the magnitude of insecurity and insurgency along with the number of wounded people recently received at the provincial and district hospitals provide a proxy indication of the severity of situation. The capacity of existing health facilities to handle the increasing burden of nutrition services is limited due to the following factors. (1) Low number of staff for nutrition services; (2) low level of knowledge and skills of health workers to respond to the emergency nutrition situation; (3) lack of required nutrition stuff; (4) lack of resources and capacities to implement IYCF through the existing Community-Based Healthcare System (CBHC); (5) low number of FHAGs as compared to the increased demand; and (6) low motivation of health facility staff due to the low salary scale. The national nutrition survey (NNS) 2013 showed high malnutrition rates for children and women in Helmand which shows higher baseline demands for nutrition services which cannot be addressed solely through the existing BPHS project.				
3. Activities. List and describe the activities that your organization is currently implementing to address these needs	The proposed project will complement the existing BPHS project in terms of reaching to the affected people, provision of comprehensive preventive and curative nutrition services at the lower level of health facilities, and building the capacity of staff to ensure sustainability in future. Although provision of basic nutrition services is part of the current ongoing BPHS project in the province, the current increased load cannot be taken by existing health facilities. Moreover improvement in health facility staffing will decrease the workload of the staff working in BPHS HF's especially in BHCs and SHCs to reach to their assigned duties more efficiently. This on one hand will result in improved availability of staff to provide health services, improved access by communities, improved quality of services and higher level patient and staff satisfaction. Improvement in staff structure will enable five targeted CHCs to plan and provide IPD SAM services to children with complication which need inpatient care services. Moreover Health Educators (HEs) assigned in all HF's will help health facility staff to smoothly conduct health education session for awareness-raising of the patients and their family members coming to the HF's. The HEs will also visit communities to conduct active screening of children and PLWs, provide health education and help CHS to supervise FHAGs will complement activities of BPHS at community level with its supportive effect on refer in of HF's and quality of care at community level. Nutrition nurse assigned in HF's to screen U5 children and PLW who visit the HF and distribute them food ration will help in ensure regular distribution and keeping good record of distributed item. Similarly establishment of new FHAGs and linking of new and already active FHAGs will improve participation of women of child bearing age and care givers of the children on IYCF practices as result of their awareness on IYCF key messages.				
LOGICAL FRAMEWORK					
Overall project objective	Improved access to and utilization of quality nutrition services for management of acute malnutrition in all communities including those affected by conflict and				

natural disasters.

Logical Framework details for NUTRITION

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 1. Prevalence of acute malnutrition in U5 and PLW is reduced in most at risk communities.	Providing emergency health care and prioritizing access to critical services	100

Outcome 1	Reduced prevalence of acute malnutrition of children under five years of age and PLW in the target eight districts of Helmand	
Code	Description	Assumptions & Risks
Output 1.1	IMAM and treatment provided to children and women through facility- and community-based approaches	Security in the Province allows for access to all areas, b. Recruitment of staff especially female is possible c. Cooperation of the local communities available

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	NUTRITION	Number of treatment facilities supported in target provinces to screen and provide facility based treatment to U5 children on acute malnutrition					30
	Means of Verification:	Monitoring report, monthly report					
Indicator 1.1.2	NUTRITION	Number of treatment facilities supported in target provinces to screen and provide facility based treatment to PLW on acute malnutrition					13
	Means of Verification:	Registers, Monthly reports, quarterly report, supervision/monitoring report					
Indicator 1.1.3	NUTRITION	No of U5 children screened					31000
	Means of Verification:	Register, monthly/quarterly report, supervision/monitoring report					
Indicator 1.1.4	NUTRITION	No of PLW screened in 3 districts (Laskergah, Nawa, Nad Ali)					8000
	Means of Verification:	Register, monthly/quarterly report/supervision/monitoring report					
Indicator 1.1.5	NUTRITION	No of PLW admitted					1527
	Means of Verification:	Register, monthly/quarterly report, supervision/monitoring report					
Indicator 1.1.6	NUTRITION	No of U5 SAM cases admitted in IPD SAM					520
	Means of Verification:	IPD SAM Register/ Monthly/quarterly report/ supervision/monitoring report					
Indicator 1.1.7	NUTRITION	No of U5 OPD SAM admitted					6492
	Means of Verification:	OPD SAM registers, Monthly/quarterly report, Supervision/monitoring report					
Indicator 1.1.8	NUTRITION	No of U5 OPD MAM admitted in OPD MAM sites					6858
	Means of Verification:	OPD SAM register, monthly/quarterly reports, supervision/monitoring report					
Indicator 1.1.9	NUTRITION	% of IPD & OPD SAM U5s discharged recovered / defaulters / deaths					75
	Means of Verification:	Register/monthly report/quarterly report, supervision/monitoring report					
Indicator 1.1.10	NUTRITION	% of IPD & OPD SAM U5s discharged recovered / defaulters / deaths					15
	Means of Verification:	Register/monthly report/quarterly report, supervision/monitoring report					
Indicator 1.1.11	NUTRITION	% of IPD & OPD SAM U5s discharged recovered / defaulters / deaths					10
	Means of Verification:	Register/monthly report/quarterly report, supervision/monitoring report					
Indicator 1.1.12	NUTRITION	% OPD MAM U5s discharged recovered / defaulters / deaths					75
	Means of Verification:	Register/monthly report/quarterly report, supervision/monitoring report					
Indicator 1.1.13	NUTRITION	% OPD MAM U5s discharged recovered / defaulters / deaths					15
	Means of Verification:	Register/monthly report/quarterly report, supervision/monitoring report					
Indicator 1.1.14	NUTRITION	% OPD MAM U5s discharged recovered / defaulters / deaths					3
	Means of Verification:	Register/monthly report/quarterly report, supervision/monitoring report					
Indicator 1.1.15	NUTRITION	% SFP PLW cured					75
	Means of Verification:	Register/monthly report/quarterly report, supervision/monitoring report					

Activities

Activity 1.1.1	Support 5 IPD SAM sites in 5 CHCs (Kajaki, Laskergah, Nawa, Nad ali , and Washeer)
Activity 1.1.2	Support OPD SAM sites in all targeted districts through 30HFs
Activity 1.1.3	Support OPD MAM sites in all targeted districts through 30 HFs
Activity 1.1.4	Support SFP sites in 3 districts (Lashkergah, Nad Ali, Nawa) through 13 HFs
Activity 1.1.5	Active case screening of U5 children in all targeted districts through 30 HFs and at community level
Activity 1.1.6	Active screening of PLWs in 3 districts (Laskergah, Nawa, Nad Ali) through 13 HFs and at community level
Activity 1.1.7	Admit PLWs with MUAC less 23 cm into SFP project for treatment in 3 districts((Laskergah, Nad Ali, Nawa) through 13 HFs.

Activity 1.1.8	Provide SFP ration to underweight PLWs in 3 districts (Laskergah, Nad Ali, Nawa) through 13 HF.						
Activity 1.1.9	Admit U5 SAM with MUAC less than 11.5 cm, bilateral oedema and complication in IPD SAM sites						
Activity 1.1.10	Admit U5 MAM in OPD MAM sites						
Output 1.2	Training and capacity building of relevant staff of health facilities and the community health workers developed to respond to the needs of people in the target areas		<ul style="list-style-type: none"> - The security situation allows provision of services - Staff is available to work in the target areas - Timely technical and funding support is provided by UNOCHA 				
Indicators							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.2.1	NUTRITION	Number of health professionals that have improved skills in nutrition practices (IMAM, breastfeeding, MNP, TSFP, active case finding)					175
		Means of Verification:	<ul style="list-style-type: none"> - Training registers - Monthly and quarterly progress reports; - Monitoring and supervision reports 				
Indicator 1.2.2	NUTRITION	Number of health educators/mobilizers and community workers that receive training on Infant Young Child Feeding (IYCF) support					658
		Means of Verification:	<ul style="list-style-type: none"> - Training registers and training database - Monthly and quarterly progress reports - Monitoring and supervision reports 				
Indicator 1.2.3	NUTRITION	Number of mothers that received Infant Young Child Feeding support ((only disaster affected communities)					2000
		Means of Verification:	<ul style="list-style-type: none"> - Post-training follow up reports - Supervision of the health education activities at the health facility and the community 				
Activities							
Activity 1.2.1	Provide IMAM Training to 175 HF staff (M=110, F= 65)						
Activity 1.2.2	Conduct breast feed counseling courses for 60 MWs						
Activity 1.2.3	Conduct IMAM course for 30 nurses						
Output 1.3	Nutrition and health promotion behaviors including Infant and Young Child Practices (IYCF) practiced by the community		<ul style="list-style-type: none"> - Security situation is sufficiently suitable to conduct community-based activities - Local people provide support to the community based awareness-raising and nutrition promotion activities 				
Indicators							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.3.1	NUTRITION	# mothers reached with IYCF support					10000
		Means of Verification:	<ul style="list-style-type: none"> - Progress reports on health facility and CBHC activities - Supervisory visits - Feedback from the community 				
Indicator 1.3.2	NUTRITION	Number of 6-23 months boys and girls reached with Micro Nutrient Powder (MNP) supplements					20000
		Means of Verification:	<ul style="list-style-type: none"> - Progress reports - MNP Campaign reports - Supervisory visits 				
Activities							
Activity 1.3.1	Carry out active case finding (MAM and SAM) at health facility level and in communities through outreach sessions by nutrition team(one nutrition nurse and one HE/mobilizers)						
Activity 1.3.2	Carry out referral of SAM and MAM from community to HF and cases with complication and odema to IPD SAM through community outreach sessions by nutrition team, CHS and CHWs						
Activity 1.3.3	Carry out IYCF training to 21 HE/mobilizers, 637 CHWs (F=284, M= 353)						

WORK PLAN

Project workplan for activities defined in the Logical framework

Activity Description (Month)	Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 1.1.1 Support 5 IPD SAM sites in 5 CHCs (Kajaki, Laskergah, Nawa, Nad ali , and Washeer)	2014												X
	2015	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.1.2 Support OPD SAM sites in all targeted districts through 30HFs	2014												X
	2015	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.1.3 Support OPD MAM sites in all targeted districts through 30 HFs	2014												X
	2015	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.1.4 Support SFP sites in 3 districts (Lashkergah, Nad Ali, Nawa) through 13 HFs	2014												X
	2015	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.1.5 Active case screening of U5 children in all targeted districts through 30 HFs and at community level	2014												X
	2015	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.1.6 Active screening of PLWS in 3 districts (Laskergah, Nawa, Nad Ali) through 13 HFs and at community level	2014												X
	2015	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.1.7 Admit PLWs with MUAC less 23 cm into SFP project for treatment in 3 districts((Laskergah, Nad Ali, Nawa) through 13 HFs.	2014												X
	2015												

	Lashkargah	carried out when needed.
	7. Afghan Red Crescent Society (ARCS)	ARCS is member of emergency preparedness commit and support partners incase there is an outbreak or natural disaster
Outline how the project supports the gender theme	The project will focus on treatment and prevention of SAM and MAM in vulnerable groups according to the cluster objective and in a gender sensitive manner. All U5 children boys and girls will have equal access to the services provided through this project. The project is specifically designed to serve pregnant and lactating women through improved access the services. For this ACTD will take measure at HF and community level. At HF level ACTD will ensure availability of female health provider, availability of separate waiting areas for men and women, considering privacy of the patients and local culture and norms. At community level, ACTD will establish additional FHAGs and train women CHWs to improve access of women to IYCF key messages and awareness raising on health issues. Moreover, women will be encouraged to work as nutrition nurse or health educator/ mobilizer for this project and priority will be given to female applicants. Furthermore, The community elders will also be sensitized on priority needs of women's health with special focus on nutrition needs of women and girls and particularly nutrition needs of lactating and pregnant women. This way the project will support women and contribute in improving access of women and girls to health and nutrition services.	
Select (tick) activities that supports the gender theme	<input checked="" type="checkbox"/> Activity 1.1.1: Support 5 IPD SAM sites in 5 CHCs (Kajaki, Laskergah, Nawa, Nad ali , and Washeer) <input type="checkbox"/> Activity 1.1.10: Admit U5 MAM in OPD MAM sites <input checked="" type="checkbox"/> Activity 1.1.2: Support OPD SAM sites in all targeted districts through 30HFs <input checked="" type="checkbox"/> Activity 1.1.3: Support OPD MAM sites in all targeted districts through 30 HFs <input checked="" type="checkbox"/> Activity 1.1.4: Support SFP sites in 3 districts (Lashkergah, Nad Ali, Nawa) through 13 HFs <input checked="" type="checkbox"/> Activity 1.1.5: Active case screening of U5 children in all targeted districts through 30 HFs and at community level <input checked="" type="checkbox"/> Activity 1.1.6: Active screening of PLWS in 3 districts (Laskergah, Nawa, Nad Ali) through 13 HFs and at community level <input checked="" type="checkbox"/> Activity 1.1.7: Admit PLWs with MUAC less 23 cm into SFP project for treatment in 3 districts(Laskergah, Nad Ali, Nawa) through 13 HFs. <input checked="" type="checkbox"/> Activity 1.1.8: Provide SFP ration to underweight PLWs in 3 districts (Laskergah, Nad Ali, Nawa) through 13 HF. <input type="checkbox"/> Activity 1.1.9: Admit U5 SAM with MUAC less than 11.5 cm, bilateral oedema and complication in IPD SAM sites <input type="checkbox"/> Activity 1.2.1: Provide IMAM Training to 175 HF staff (M=110, F= 65) <input type="checkbox"/> Activity 1.2.2: Conduct breast feed counseling courses for 60 MWS <input type="checkbox"/> Activity 1.2.3: Conduct IMAM course for 30 nurses <input type="checkbox"/> Activity 1.3.1: Carry out active case finding (MAM and SAM) at health facility level and in communities through outreach sessions by nutrition team(one nutrition nurse and one HE/mobilizers) <input type="checkbox"/> Activity 1.3.2: Carry out referral of SAM and MAM from community to HF and cases with complication and odema to IPD SAM through community outreach sessions by nutrition team, CHS and CHWs <input type="checkbox"/> Activity 1.3.3: Carry out IYCF training to 21 HE/mobilizers, 637 CHWs (F=284, M= 353)	
Cross Cutting Issues	Gender inequality results in a disproportionate burden of care on girls and women. ACTD will ensure to implement strategies to empower women to make choices in reproductive health and their children's health by enhancing their access to information and services (at HFs and in communities). One of the strategies ACTD will consider is to provide gender training to HF staff, shura-e-sehi and Family Health Action Group (FHAG). One way to make services gender sensitive is to focus strongly on effective woman-to-woman services for maternal and child health and to do this ACTD will ensure that all HFs are fully staffed with recommended number of female health care providers and that service provision promises full privacy, maintains confidentiality and considers all ethical issues. Another way to promote gender sensitive services is to consult men and women regarding how best they consider the health and nutrition services should be provided; how best men can play a role in enhancing access of women to health/nutrition services and information and how best women to be involved in decision making process especially those that are related to nutrition services.	
Gender Marker of the Project	The principal purpose of the project is to advance gender equality	
Environment Marker of the Project	A+: Neutral Impact on environment with mitigation or enhancement	
Safety and Security	In general the security situation in Helmand province is not good. Active fight, bomb blast, road side mines and rubbery are big security challenges in the province. Insecurity limits access for women, young boys and girls, especially to pregnant and lactating women to quality health and nutrition services. Despite significant security problems all HFs are open, functional and providing health services. We have been able to maintain good relation with community elders and influential people and manage problems on timely manner. ACTD's systematic approach in insecure areas is based on the following strategies: a. Hiring local staff who will adapt to security constraints in providing health/nutrition services delivery b. Involving community influential people) in overseeing the status of Health/nutrition services c. Using local means of transportation for the monitoring activities and using roundabout routes whenever the main road is insecure. d. Taking into consideration the traditional, religious and cultural sensitivities and values in implementation of the project. e. Building the capacity of HF staff particularly the Head to supervise and monitor the progress and evaluate the progress against the set indicators. f. Making the HF, health and nutrition project a neutral body away from any political and military interventions which will mitigate the risk to the health and nutrition project staff.	
Access	ACTD has proven experience in reaching to hard-to-reach communities through certain locally-applicable approaches. First, ACTD is present in the province since 2009 and has been able to reactivate all closed and inactive health facilities even in areas where the previous BPHS implementer could not operate. The trust of communities is a major factor in ACTD ability to work in Helmand and other insecure areas. Secondly, communities will be involved in supervision and monitoring of nutrition services in view of their envisaged role and based on regular coordination regarding the scope and milestones of the project. Community elders have always provided support to ACTD in case of issues with local people. Thirdly, efforts will be made to ensure employment of local people to the extent possible. This approach is another time-tested strategy in ensuring continuity of work and access to remote and insecure areas. The role of PPHD and local government offices at the provincial and district level cannot be overlooked. ACTD will maintain regular coordination and communication with these authorities to secure timely support in cases of hard access. As a principle, ACTD always maintain impartiality and equal-treatment in order to ensure humanitarianism and values of fairness.	

BUDGET

1 Staff and Other Personnel Costs (please itemize costs of staff, consultants and other personnel to be recruited directly by the implementing partner for project implementation)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
1.1	Health Senior Program Manager	D	1	2800	6	30.00%	5,040.00
	Planning, coordination, reporting, supervision, monitoring and technical support from MO						
1.2	Project Focal Point Main Office (Kabul)	D	1	1000	6	100.00%	6,000.00
	New focal point for CHF2 will not be hired. The focal point of CHF 1 will be responsible both for CHF1 and 2. When CHF1 ends after 6 months the project focal points will be charged to CHF2. Fully dedicated to CHF project in main office level. Responsible for Planning, supervision, monitoring, reporting, attend meetings, coordination, etc.						
1.3	Project officer/Trainer Project office	D	1	900	6	100.00%	5,400.00
	New officer for HF2 will not be hired. The officer of CHF 1 will be responsible both for CHF1 and 2. The officer will be charged to CHF 2 after 6 months when CHF1 ends. Fully dedicated to CHF project Planning, implementation, coordination at project office level, reporting, training, data analysis and feedback. T						
1.4	Accountant Main Office	D	1	900	6	100.00%	5,400.00
	New accountant is not going to be hired for CHF2. The accountant will be responsible both for CHF1 and CHF2. The accountant will be charged to CHF2 when CHF1 ends after 6 months. Fully dedicated , accounting, checking financial documents, provide feedback, Collect monthly reports, follow cash transfer, budget flow up etc "Fully dedicated , accounting, checking financial						

	documents, provide feedback, Collect monthly reports, follow cash transfer, budget flow up etc " "						
1.5	Admin finance Officer project office	S	1	850	6	100.00%	5,100.00
	New admin finance officer will not be hired. This officer will be responsible for CHF1 and 2. This officer will be charged to CHF2 when CHF1 ends after 6 months. Fully dedicate and Responsible for day to day expenses, book keeping, prepare reports contracts, payrolls, payment of salaries and member of procurement committee.						
1.6	IMAM Nurses HFs	D	30	320	12	100.00%	115,200.00
	Responsible for care of admitted patients in IPD SAM, screening, admission and food distribution						
1.7	Health Educators	D	21	300	12	100.00%	75,600.00
	HE at HF, IYCF activities at community, supervision and training of CHWs and FHAGs, report collection and submission. Screening and food distribution						
1.8	M&E officer (Project Office)	D	1	900	6	100.00%	5,400.00
	100 USD increased as annual increment and due increase in workload. M&E officer will be responsible both for CHF1 and CHF2. He will be charged to CHF2 when CHF1 ends after 6 months. Fully dedicated to CHF funded projects, responsible for monitoring of Nutrition activities under CHF budget. M & E officer will monitor activities of the health facilities, training activities and field activities. Conduct supervisory visits to the health facilities, provide support, collect findings, prepare report and share it with project focal point and with visited HFs. In coordination with field office and health facility team prepare action plan for improving the gaps and follow the progress during next monitoring visits.						
1.9	Nutrition supervisor	D	1	900	12	100.00%	10,800.00
	Fully dedicated to CHF funded projects CHF1 and CHF2. Responsible for supervision of Nutrition activities under CHF budget. Nutrition supervisor will supervise activities of the health facilities, training activities and field activities. Conduct supervisory visits to the health facilities, provide support, collect findings, prepare report and share it with project focal point and with visited HFs. In coordination with field office and health facility team prepare action plan for improving the gaps and follow the progress during next supervision visits along with detailed supervision of the activities.						
1.10	Logistic officer	D	1	500	12	100.00%	6,000.00
	Will provide logistic support to the project						
1.11	Warehouse guards	D	2	200	12	100.00%	4,800.00
	Clean, organize and guard warehouse						
1.12	Establishment and Orientation of FHAGs members	D	12	80	5	100.00%	4,800.00
	Cost of refreshment for monthly meetings for FHAGs @5 USD/FHAGs/month						
1.13	Trainer fee	D	2	50	10	100.00%	1,000.00
	ACTD will use its available resources for conducting the training according to the plan, however due to high number of trainings an extra expertise that will be needed to deliver the training at project level and according to the approved curriculum, ACTD will use support from professionals in delivering planned training according to the plan. Cost for each trainer is budgeted USD 50 for 10 days for two trainers.						
	Section Total						250,540.00

2 Supplies, Commodities, Materials (please itemize direct and indirect costs of consumables to be purchased under the project, including associated transportation, freight, storage and distribution costs)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
2.1	Transportation cost for RUSF and RUTF	D	1	3600	4	100.00%	14,400.00
	Cost for transportation of food material (RUSF, RUTF & SFP food) to HFs from center of the province. The estimated transportation cost (including loading and unloading) per supply/HF/trip =120 USD. With unit cost of (120*30*1=3600) (Calculation is made considering usage of alternative roads in case of fights on roads to some of the HFs during supply times)						
2.2	Heating cost SCs and HFs	D	30	500	5	15.00%	11,250.00
	Heating cost for keeping IPD SAMs and screening and distribution rooms warm during winter (5 Months). Cost is estimated for purchase of heating material (wood/fuel + one time heating equipment) = (65*50). This unit cost for heating material reflects 65 USD/month/HF. This cost is estimated 15% of the total cost needed for heating of all rooms of keeping warm HFs rooms including room for stabilization of children need indoor care (where the need for heating will some times be for 24 Hs).						
2.3	Warehouse rent	D	10	130	12	100.00%	15,600.00
	Rent of warehouse for storage of SFP commodities in health facilities						
2.4	Ware house rent	D	1	800	12	100.00%	9,600.00
	Ware house in the center of Hilmand provinces for the stock of RUSF, RUTF and SFP materials						
2.5	Breast feed counseling course for MWs	D	60	27.5	5	100.00%	8,250.00
	Training of 30 Midwives and 30 nurses for 5 days on breast feeding. Cost estimated for the training as for 6 days training Transportation= @65 USD (two way/once for the whole training period) = 65x60=3900 USD Stationery @ 4 USD/day= 7.5x60=2250 Per diem for total 5 training days+ two travel days (5 USD/day)= 5x7x60 =2100 Total cost =3900+2250+2100=8250 (Unit cost= total cost/number of units/number of training days= 8250/60/5=27.5)						
2.6	IYCF training for CHWs	D	637	10	6	100.00%	38,220.00
	Training 637 CHWs (F=284 + M=353) on IYCF key messages. (4 USD Transportation to CHW 4 USD food, 1USD refreshment and 1 USD stationery and handouts). Separate IYCF training for CHWs and health educators planned as unit cost is different.						
2.7	IMAM training (SFP, IPD SAM, OPD SAM, OPD MAM)	D	30	25	6	100.00%	4,500.00
	For nutrition nurses for 6 days Cost estimated for the training as for 6 days training Transportation= @65 USD (two way/once for the whole training period) = 65x30=1950 USD Stationery @ 4 USD/day= 7.5x6x3 =1350 Per diem for total 6 training days+ two travel days (5 USD/day)= 5x8x30 =1200 Total cost =1950+1350+1200=4500 (Unit cost= total cost/number of units/number of training days= 4500/30/6=25)						
2.8	Training of Health Educators/mobilizers on IYCF	D	21	25	6	100.00%	3,150.00
	6 days training for Health Educators on basic concept of IMAM, SFP and on IYCF. Cost estimated for the training as for 6 days training Transportation= @65 USD (two way/once for the whole training period) = 65x21=1365 USD Stationery @ 4 USD/day= 7.5x6x21 =945 Per diem for total 6 training days+ two travel days (5 USD/day)= 5x8x21 =840 Total cost =1365+840+945=3150 (Unit cost= total cost/number of units/number of training days= 3150/21/6=25)						
	Section Total						104,970.00

3 Equipment (please itemize costs of non-consumables to be purchased under the project)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
3.1	MUAC	S	1000	0	2	100.00%	0.00
	Will be provided by UNICEF in kind						
3.2	Measuring board	S	30	0	2	100.00%	0.00
	Will be provided by UNICEF in kind						
3.3	Salter (hanging) scale	S	30	0	2	100.00%	0.00
	Will be provided by UNICEF in kind						

3.4	Baby scale	S	30	0	2	100.00%	0.00
	Will be provided by UNICEF in kind						
3.5	Laptop computer with printer, computer maintenance and memory drive	D	3	1100	1	100.00%	3,300.00
	For use of admin/finance officer, monitoring officers and nutrition supervisor						
Section Total							3,300.00

4 Contractual Services (please list works and services to be contracted under the project)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
4.1	Rental vehicle Hilmand	D	1	1000	6	100.00%	6,000.00
	for monitoring, supervision, coordination, training and supplies, report collection. As it a large area two vehicles are required. One vehicle will be rented after June 2015. Till June 2015 the rental vehicle form CHF1 will be used both for CHF1 and 2. Therefore one vehicle is budgeted for 6 months						
4.2	Rental vehicle (Hilmand)	D	1	1000	12	100.00%	12,000.00
	For monitoring, supervision, coordination, training and supplies, report collection. This vehicle will be rented from the beginning of CHF 2 as one vehicle from CHF 1 is not enough .						
Section Total							18,000.00

5 Travel (please itemize travel costs of staff, consultants and other personnel for project implementation)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
5.1	travel cost during monitoring Main office	D	4	250	4	100.00%	4,000.00
	Travel cost for 4 person visiting project office each quarter from Main Office for support and monitoring from different sections (technical, finance and Amdin/logistics Departments). Unit cost =return ticket 200 usd + 50 Per diem 5 days @ 10/day						
5.2	Travel for monitoring of project	D	3	50	12	100.00%	1,800.00
	Per diem PO staff during travel in field (3 person every month with stay in field around 10 days/month).=[(3 person @5 USD/person x 10 days)= (150/month)						
Section Total							5,800.00

6 Transfers and Grants to Counterparts (please list transfers and sub-grants to project implementing partners)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
Section Total							0.00

7 General Operating and Other Direct Costs (please include general operating expenses and other direct costs for project implementation)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
7.1	Stationary	D	30	300	12	15.00%	16,200.00
	Stationery/Running Items 15% of the following cost Cartridge for photocopier/printer @ 60. \$*15%=9\$ A-4 Whitepaper for office use @150\$*15%=22.5\$ Files, Ball pen, Stapler, Markers, Green board.... @90\$*15%=13.5\$ =9+22.5+13.5=45*12(Months) * 30 (Health Facilities) = 16200\$						
7.2	Office furniture	D	30	300	1	100.00%	9,000.00
	Cupboard, chair, bench for patient ,desk , etc. these furniture are required as extra staff will be hired and more patients/clients will be visiting the HF. Likewise more documentation is required.						
Section Total							25,200.00

Sub Total Direct Cost	407,810.00
Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent)	7%
Audit Cost (For NGO, in percent)	0.802096083318991%
PSC Amount	28,546.70
Total Fund Project Cost	436,356.70

LOCATIONS

Location	Activity	Beneficiary Men	Women	Boy	Girl	Total	Percentage
Hilmand -> Lashkargah	Activity 1.1.1 : Support 5 IPD SAM sites in 5 CHCs (Kajaki, Laskergah, Nawa, Nad ali , and Washeer) Activity 1.1.10 : Admit U5 MAM in OPD MAM sites Activity 1.1.2 : Support OPD SAM sites in all targeted districts through 30HFs Activity 1.1.3 : Support OPD MAM sites in all targeted districts through 30 HFs Activity 1.1.4 : Support SFP sites in 3 districts (Lashkergah, Nad Ali, Nawa) through 13 HFs Activity 1.1.5 : Active case screening of U5 children in all targeted districts through 30 HFs and at community level Activity 1.1.6 : Active screening of PLWs in 3 districts (Laskergah, Nawa, Nad Ali) through 13 HFs and at community level Activity 1.1.7 : Admit PLWs with MUAC less 23 cm into SFP project for treatment in 3 districts((Laskergah, Nad Ali, Nawa) through 13 HFs. Activity 1.1.8 : Provide SFP ration to underweight PLWs in 3 districts (Laskergah, Nad Ali, Nawa) through 13 HF. Activity 1.1.9 : Admit U5 SAM with MUAC less than 11.5 cm, bilateral oedema and complication in IPD SAM sites Activity 1.2.1 : Provide IMAM Training to 175 HF staff (M=110, F= 65) Activity 1.2.2 : Conduct breast feed counseling courses for 60 MWs Activity 1.2.3 : Conduct IMAM course for 30 nurses Activity 1.3.1 : Carry out active case finding (MAM and SAM) at health facility level and in communities through outreach sessions by nutrition team(one nutrition nurse and one HE/mobilizers) Activity 1.3.2 : Carry out referral of SAM and MAM from community to HF and cases with complication and odema to IPD SAM through community outreach sessions by nutrition team, CHS and CHWs Activity 1.3.3 : Carry out IYCF training to 21 HE/mobilizers, 637 CHWs (F=284, M= 353)	80	190	1241	1241	2752	15
Hilmand -> Nahr-e-Saraj	Activity 1.1.10 : Admit U5 MAM in OPD MAM sites Activity 1.1.2 : Support OPD SAM sites in all targeted districts through 30HFs Activity 1.1.3 : Support OPD MAM sites in all targeted districts through 30 HFs Activity 1.1.5 : Active case screening of U5 children in all targeted districts through 30 HFs and at community level Activity 1.2.1 : Provide IMAM Training to 175 HF staff (M=110, F= 65) Activity 1.2.2 : Conduct breast feed counseling courses for 60 MWs Activity 1.2.3 : Conduct IMAM course for 30 nurses Activity 1.3.1 : Carry out active case finding (MAM and SAM) at health facility level and in communities through outreach sessions by nutrition team(one nutrition nurse and one HE/mobilizers)	125	259	1690	1690	3764	20

	Activity 1.3.2 : Carry out referral of SAM and MAM from community to HF and cases with complication and odema to IPD SAM through community outreach sessions by nutrition team, CHS and CHWs Activity 1.3.3 : Carry out IYCF training to 21 HE/mobilizers, 637 CHWs (F=284, M=353)						
Hilmand -> Nad-e-Ali	Activity 1.1.10 : Admit U5 MAM in OPD MAM sites Activity 1.1.2 : Support OPD SAM sites in all targeted districts through 30HFs Activity 1.1.3 : Support OPD MAM sites in all targeted districts through 30 HFs Activity 1.1.4 : Support SFP sites in 3 districts (Lashkergah, Nad Ali, Nawa) through 13 HFs Activity 1.1.5 : Active case screening of U5 children in all targeted districts through 30 HFs and at community level Activity 1.1.6 : Active screening of PLWS in 3 districts (Laskergah, Nawa, Nad Ali) through 13 HFs and at community level Activity 1.1.7 : Admit PLWs with MUAC less 23 cm into SFP project for treatment in 3 districts((Laskergah, Nad Ali, Nawa) through 13 HFs. Activity 1.1.8 : Provide SFP ration to underweight PLWs in 3 districts (Laskergah, Nad Ali, Nawa) through 13 HF. Activity 1.1.9 : Admit U5 SAM with with MUAC less than 11.5 cm, bilateral oedema and complication in IPD SAM sites Activity 1.2.1 : Provide IMAM Training to 175 HF staff (M=110, F= 65) Activity 1.2.2 : Conduct breast feed counseling courses for 60 MWS Activity 1.2.3 : Conduct IMAM course for 30 nurses Activity 1.3.1 : Carry out active case finding (MAM and SAM) at health facility level and in communities through outreach sessions by nutrition team(one nutrition nurse and one HE/mobilizers) Activity 1.3.2 : Carry out referral of SAM and MAM from community to HF and cases with complication and odema to IPD SAM through community outreach sessions by nutrition team, CHS and CHWs Activity 1.3.3 : Carry out IYCF training to 21 HE/mobilizers, 637 CHWs (F=284, M= 353)	110	235	1540	1540	3425	19
Hilmand -> Nawa-e-Barakzai	Activity 1.1.1 : Support 5 IPD SAM sites in 5 CHCs (Kajaki, Laskergah, Nawa, Nad ali , and Washeer) Activity 1.1.10 : Admit U5 MAM in OPD MAM sites Activity 1.1.2 : Support OPD SAM sites in all targeted districts through 30HFs Activity 1.1.3 : Support OPD MAM sites in all targeted districts through 30 HFs Activity 1.1.4 : Support SFP sites in 3 districts (Lashkergah, Nad Ali, Nawa) through 13 HFs Activity 1.1.5 : Active case screening of U5 children in all targeted districts through 30 HFs and at community level Activity 1.1.6 : Active screening of PLWS in 3 districts (Laskergah, Nawa, Nad Ali) through 13 HFs and at community level Activity 1.1.7 : Admit PLWs with MUAC less 23 cm into SFP project for treatment in 3 districts((Laskergah, Nad Ali, Nawa) through 13 HFs. Activity 1.1.8 : Provide SFP ration to underweight PLWs in 3 districts (Laskergah, Nad Ali, Nawa) through 13 HF. Activity 1.1.9 : Admit U5 SAM with with MUAC less than 11.5 cm, bilateral oedema and complication in IPD SAM sites Activity 1.2.1 : Provide IMAM Training to 175 HF staff (M=110, F= 65) Activity 1.2.2 : Conduct breast feed counseling courses for 60 MWS Activity 1.2.3 : Conduct IMAM course for 30 nurses Activity 1.3.1 : Carry out active case finding (MAM and SAM) at health facility level and in communities through outreach sessions by nutrition team(one nutrition nurse and one HE/mobilizers) Activity 1.3.2 : Carry out referral of SAM and MAM from community to HF and cases with complication and odema to IPD SAM through community outreach sessions by nutrition team, CHS and CHWs Activity 1.3.3 : Carry out IYCF training to 21 HE/mobilizers, 637 CHWs (F=284, M= 353)	85	188	1231	1231	2735	15
Hilmand -> Musaqualah	Activity 1.1.1 : Support 5 IPD SAM sites in 5 CHCs (Kajaki, Laskergah, Nawa, Nad ali , and Washeer) Activity 1.1.10 : Admit U5 MAM in OPD MAM sites Activity 1.1.2 : Support OPD SAM sites in all targeted districts through 30HFs Activity 1.1.3 : Support OPD MAM sites in all targeted districts through 30 HFs Activity 1.1.5 : Active case screening of U5 children in all targeted districts through 30 HFs and at community level Activity 1.2.1 : Provide IMAM Training to 175 HF staff (M=110, F= 65) Activity 1.2.2 : Conduct breast feed counseling courses for 60 MWS Activity 1.2.3 : Conduct IMAM course for 30 nurses Activity 1.3.1 : Carry out active case finding (MAM and SAM) at health facility level and in communities through outreach sessions by nutrition team(one nutrition nurse and one HE/mobilizers) Activity 1.3.2 : Carry out referral of SAM and MAM from community to HF and cases with complication and odema to IPD SAM through community outreach sessions by nutrition team, CHS and CHWs Activity 1.3.3 : Carry out IYCF training to 21 HE/mobilizers, 637 CHWs (F=284, M= 353)	75	156	1018	1018	2267	12
Hilmand -> Washer	Activity 1.1.10 : Admit U5 MAM in OPD MAM sites Activity 1.1.2 : Support OPD SAM sites in all targeted districts through 30HFs Activity 1.1.3 : Support OPD MAM sites in all targeted districts through 30 HFs Activity 1.1.5 : Active case screening of U5 children in all targeted districts through 30 HFs and at community level Activity 1.1.9 : Admit U5 SAM with with MUAC less than 11.5 cm, bilateral oedema and complication in IPD SAM sites Activity 1.2.1 : Provide IMAM Training to 175 HF staff (M=110, F= 65) Activity 1.2.2 : Conduct breast feed counseling courses for 60 MWS Activity 1.2.3 : Conduct IMAM course for 30 nurses Activity 1.3.1 : Carry out active case finding (MAM and SAM) at health facility level and in communities through outreach sessions by nutrition team(one nutrition nurse and one HE/mobilizers) Activity 1.3.2 : Carry out referral of SAM and MAM from community to HF and cases with complication and odema to IPD SAM through community outreach sessions by nutrition team, CHS and CHWs Activity 1.3.3 : Carry out IYCF training to 21 HE/mobilizers, 637 CHWs (F=284, M= 353)	30	53	348	348	779	4
Hilmand -> Kajaki	Activity 1.1.1 : Support 5 IPD SAM sites in 5 CHCs (Kajaki, Laskergah, Nawa, Nad ali , and Washeer) Activity 1.1.10 : Admit U5 MAM in OPD MAM sites Activity 1.1.2 : Support OPD SAM sites in all targeted districts through 30HFs Activity 1.1.3 : Support OPD MAM sites in all targeted districts through 30 HFs Activity 1.1.5 : Active case screening of U5 children in all targeted districts through 30 HFs and at community level Activity 1.1.7 : Admit PLWs with MUAC less 23 cm into SFP project for treatment in 3 districts((Laskergah, Nad Ali, Nawa) through 13 HFs. Activity 1.1.9 : Admit U5 SAM with with MUAC less than 11.5 cm, bilateral oedema and complication in IPD SAM sites Activity 1.2.1 : Provide IMAM Training to 175 HF staff (M=110, F= 65) Activity 1.2.2 : Conduct breast feed counseling courses for 60 MWS Activity 1.2.3 : Conduct IMAM course for 30 nurses Activity 1.3.1 : Carry out active case finding (MAM and SAM) at health facility level and in communities through outreach sessions by nutrition team(one nutrition nurse and one HE/mobilizers) Activity 1.3.2 : Carry out referral of SAM and MAM from community to HF and cases with complication and odema to IPD SAM through community outreach sessions by nutrition team, CHS and CHWs Activity 1.3.3 : Carry out IYCF training to 21 HE/mobilizers, 637 CHWs (F=284, M= 353)	75	147	957	957	2136	12
Hilmand -> Deh-e-shu	Activity 1.1.10 : Admit U5 MAM in OPD MAM sites Activity 1.1.2 : Support OPD SAM sites in all targeted districts through 30HFs Activity 1.1.3 : Support OPD MAM sites in all targeted districts through 30 HFs Activity 1.1.5 : Active case screening of U5 children in all targeted districts through 30 HFs and at community level Activity 1.2.1 : Provide IMAM Training to 175 HF staff (M=110, F= 65) Activity 1.2.2 : Conduct breast feed counseling courses for 60 MWS Activity 1.2.3 : Conduct IMAM course for 30 nurses Activity 1.3.1 : Carry out active case finding (MAM and SAM) at health facility level and in communities through outreach sessions by nutrition team(one nutrition nurse and one HE/mobilizers) Activity 1.3.2 : Carry out referral of SAM and MAM from community to HF and cases with complication and odema to IPD SAM through community outreach sessions by nutrition team, CHS and CHWs Activity 1.3.3 : Carry out IYCF training to 21 HE/mobilizers, 637 CHWs (F=284, M= 353)	20	40	261	261	582	3

Project Locations (first admin location where activities will be implemented. If the project is covering more than one State please indicate percentage per State)

DOCUMENTS

Document Description

1. ACTD CHF2 Budget Comments 09102014.xlsx
2. RBM - CHF Consolidated Log frame - Nutrition - 2014 (BLANK).docx

3. ACTD Justification for CHF2 Budget Comments 09102014 (2).xlsx

4. No and staff category for each location, ACTD CHF 2 .docx